



# ALAMANCE ACADEMY DAY

Division of Servant Leadership Alliance for Young Empowered Disciples [SLAYED] Inc.

## Alamance Academy Day – Student Referral Form

Confidential – For Referral and Care Coordination Purposes

Please complete this form to refer a student for consideration at Alamance Academy Day (AAD). Submission of this form does not guarantee enrollment. All referrals are reviewed to determine appropriateness of fit based on student needs and program capacity.

### 1. Referring Party Information

Name: \_\_\_\_\_ Title / Role: \_\_\_\_\_

Agency / Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### 2. Student Information

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School (if applicable): \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Parent / Guardian Phone: \_\_\_\_\_ Parent / Guardian Email: \_\_\_\_\_

### 3. Reason for Referral

Please describe the primary concerns or challenges prompting this referral (academic, behavioral, emotional, attendance, social, etc.):

---

---

#### 4. Current Supports and Services (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Care coordination / case management |
| <input type="checkbox"/> Family counseling     | <input type="checkbox"/> IEP                                 |
| <input type="checkbox"/> School-based supports | <input type="checkbox"/> 504 Plan                            |
| <input type="checkbox"/> DSS involvement       | <input type="checkbox"/> Other (please specify):             |
| <input type="checkbox"/> DJJ involvement       | _____  |

#### 5. Clinical and Behavioral Considerations

Please note any diagnoses, behavioral concerns, or relevant history that would help determine program fit (attach additional documentation if available):

---

---

#### 6. Safety Considerations

Are there any known safety concerns (e.g., aggression, elopement, self-harm, court orders)?

- No  Yes (please explain):

---

---

#### 7. Enrollment and Funding Considerations

- Family is interested in private pay enrollment  
 Family plans to apply for NC Opportunity Scholarship  
 Funding source under exploration / unknown  
 Other (please specify): \_\_\_\_\_

#### 8. Authorization and Consent

I confirm that the parent/guardian is aware of this referral and consents to being contacted by Alamance Academy Day for intake and enrollment discussions.

Referring Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed forms and supporting documents to:**

Alamance Academy Day, 106 South Broad Street, Burlington, NC 27215

Attn: Virgilla Curmon, Director

virgilla@alamanceacademyday.org

Website: www.alamanceacademyday.org

Please Contact Virgilla Curmon at 336.343.3313 with any additional questions.